



Application for Employment CITY OF BRAWLEY

AN EQUAL OPPORTUNITY EMPLOYER
CITY ADMINISTRATIVE OFFICES
ATTN: PERSONNEL AND RISK MANAGEMENT
383 MAIN STREET, BRAWLEY, CA. 92227-2414
(760) 351-3019 FAX (760) 351-3088

FOR OFFICE USE ONLY

☐ ACCEPTED DATE NOTICE MAILED:
☐ REJECTED DATE NOTICE MAILED:
☐ EXPERIENCE
☐ EDUCATION
☐ OTHER

TIME REC'D: DATE:

INSTRUCTIONS:

1. PLEASE TYPE OR PRINT CLEARLY IN INK.
2. Answer all questions completely and accurately
3. Incomplete or illegible applications will not be considered
4. Incorrect or false statements are cause for rejection or dismissal
5. Be specific when listing information which meets the job requirements
6. Résumé may be attached to completed application.

From what source did you learn of this position?

- ☐ Newspaper (Name):
☐ Personal Inquiry at City Hall
☐ Job Interest Card
☐ Job Bulletin at:
☐ City Website www.cityofbrawley.com
☐ Other (Describe):

POSITION APPLYING FOR:
(Please give exact title)

RÉSUMÉ ATTACHED TELEPHONE NUMBERS: Home: () -

YES ☐ NO ☐ Mobile: () - Work: () -

APPLICANT'S FULL NAME:

OTHER NAMES CURRENTLY OR PREVIOUSLY USED:
(USED FOR WORK RECORD VERIFICATION ONLY)

LAST, FIRST, MIDDLE

LAST, FIRST, MIDDLE NAME PREVIOUSLY USED

PRESENT ADDRESS:

STREET

CITY

STATE

ZIP CODE

SOCIAL SECURITY NUMBER:

- - -

IF SELECTED FOR HIRE, CAN YOU SUBMIT A
BIRTH CERTIFICATE OR OTHER PROOF OF
U.S. CITIZENSHIP OR PROOF OF RESIDENT
ALIEN STATUS? YES ☐ NO ☐

IF THIS JOB REQUIRES A DRIVER'S LICENSE,
DO YOU HAVE A VALID CALIFORNIA
DRIVER'S LICENSE? YES ☐ NO ☐

MINIMUM ACCEPTABLE

SALARY: \$ per
☐ Month ☐ Week ☐ Hour

NUMBER: CLASS:

HAVE YOU EVER WORKED FOR THE CITY OF BRAWLEY? YES ☐ NO ☐ If YES, in what department?

DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED BY THE CITY OF BRAWLEY? YES ☐ NO ☐

If YES, give name, department and relationship:

PERSON TO NOTIFY IN CASE OF AN EMERGENCY:

NAME:

ADDRESS:

PHONE: () -

PLEASE LIST ANY MACHINES OR EQUIPMENT YOU CAN OPERATE RELATED TO THIS POSITION:

DO YOU HAVE ANY SPECIAL EXPERIENCES, SKILLS OR QUALIFICATIONS WHICH YOU BELIEVE WOULD SIGNIFICANTLY
CONTRIBUTE TO THE POSITION APPLIED FOR?

WERE YOU EVER DISCHARGED, REJECTED DURING PROBATION OR HAVE YOU RESIGNED UNDER PRESSURE OR UNFAVORABLE CIRCUMSTANCES FROM ANY EMPLOYMENT:

YES ☐ NO ☐ If YES, please explain:

A. HAVE YOU EVER BEEN CONVICTED BY ANY COURT OF ANY OFFENSE? YES ☐ NO ☐ If YES, explain below

*YOU MAY ONLY OMIT: (1) Traffic violations for which the fine imposed was \$30 or less. (2) Any offense which was finally adjudicated in a Juvenile Court or under the Youth Offender Law. (3) Any incident that has been sealed under Welfare and Institutions Code Section 781 or Section 1203.45. (4) Convictions for certain marijuana offenses that are more than two years old, pursuant to Labor Code Section 432.8. Prior **Convictions, in and of themselves, will not necessarily disqualify an applicant from employment with the City of Brawley.***

B. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? YES ☐ NO ☐ If YES, explain below.
If your answer to A or B is YES, list all offenses, giving date, location, nature, and disposition for each. Use additional sheets if necessary.

PERSONAL REFERENCES

List below persons who are acquainted with your work and/or character. Do Not list employers or relatives

| Name | Address | Phone |
|------|---------|-------|
| | | () - |
| | | () - |
| | | () - |

MILITARY SERVICE

You must attach a copy of your (DD214)

HAVE YOU EVER SERVED IN THE ARMED FORCES OF THE UNITED STATES? YES ☐ NO ☐

If YES give SERIAL NUMBER: _____ BRANCH: _____ DATES OF SERVICE: _____ TO _____

FOR POLICE OFFICER POSITIONS ONLY:

ARE YOU AT LEAST 21 YEARS OLD, OR WILL YOU BE 21 YEARS OLD AT TIME OF APPOINTMENT? YES ☐ NO ☐

ARE YOU A CITIZEN OF THE UNITED STATES OR A PERMANENT RESIDENT ALIEN WHO IS ELIGIBLE FOR, AND HAS APPLIED FOR, CITIZENSHIP IN THE UNITED STATES? YES ☐ NO ☐

EDUCATION AND EXPERIENCE

Please read the qualifications section on the Employment Opportunity Bulletin before completing this section.

Highest level of education completed (Online users Select Education Completed from Pull Down Menu – All others, Please write in Education Level where indicated:

High School Graduate?
☐ YES ☐ NO

Education Completed:

Passed High School Equivalency Test?
☐ YES ☐ NO

| Name and Location (City, State) of College or University, Business Correspondence, Trade or Service Schools | Field of Study (Major) | Completed | | DEGREE (Indicate type) |
|---|------------------------|----------------|---------------|------------------------|
| | | Semester Units | Quarter Units | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

CERTIFICATES OF PROFESSIONAL OR VOCATIONAL COMPETENCE, LICENSES, MEMBERSHIPS IN PROFESSIONAL ASSOCIATIONS:

EXPERIENCE

MUST BE FILLED OUT COMPLETELY! Begin with your most recent experience. List all experience within the last ten years, including U.S. military service and periods of unemployment. Give details on the experience which you believe meets the entrance requirements for this position. Go back more than ten years if necessary. Also, list any volunteer experience which you feel helps you meet the requirements for the job. Resumes may be submitted in addition to your application, but the information below must be completed. **Use extra sheets of paper if necessary**, including the same information categories requested below.

| | | | |
|---|---|---|---|
| Employed FROM: TO: TOTAL: YRS MOS | Title of Your Position: | Number of hours worked per week: | Number of employees you supervised: |
| Employer: | Duties of Your Position: | | |
| Address: | | | |
| Telephone Number: () - | | | |
| Supervisor's Name: | Reason for leaving or wanting to leave if presently employed: | Salary: \$ per <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Hour | |
| Currently Employed? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, may we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Employed FROM: TO: TOTAL: YRS MOS | Title of Your Position: | Number of hours worked per week: | Number of employees you supervised: |
| Employer: | Duties of Your Position: | | |
| Address: | | | |
| Telephone Number: () - | | | |
| Supervisor's Name: | Reason for leaving: | Salary: \$ per <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Hour | |
| Employed FROM: TO: TOTAL: YRS MOS | Title of Your Position: | Number of hours worked per week: | Number of employees you supervised: |
| Employer: | Duties of Your Position: | | |
| Address: | | | |
| Telephone Number: () - | | | |
| Supervisor's Name: | Reason for leaving: | Salary: \$ per <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Hour | |
| Employed FROM: TO: TOTAL: YRS MOS | Title of Your Position: | Number of hours worked per week: | Number of employees you supervised: |
| Employer: | Duties of Your Position: | | |
| Address: | | | |
| Telephone Number: () - | | | |
| Supervisor's Name: | Reason for leaving: | Salary: \$ per <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Hour | |

READ CAREFULLY BEFORE SIGNING:

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief. I authorize the City of Brawley to investigate my qualifications, employment record and character through inquiries to any sources mentioned in this application, unless otherwise stated in this application, and I understand and agree that any misstatements or omissions of material fact herein may cause forfeiture on my part of all rights to employment by the City of Brawley.

I further agree to be fingerprinted, to submit to a complete medical examination by a City physician, to submit to drug testing, to sign an oath of office, and to furnish such proof of education and citizenship or legal right to work in this country as may be required as a condition of employment. Completion of these conditions does not imply an offer of employment.

SIGNATURE: _____ **DATE:** _____



City Administrative Offices

Department of Personnel and Risk Management

Facsimile (760) 351-3088

383 Main Street

Brawley,

CA. 92227-2414

Telephone (760) 351-3057

To Whom It May Concern:

RE: Name: _____
 Social Security No.: _____

The individual referenced above is being considered for the position of _____ with the City of Brawley. Please draw your attention to Civil Code Section 47, amended by California Assembly Bill No. 2778, which addresses inquiries from prospective employers; wherein, past employers are protected from tortious liability when responding to references from prospective employers when the information provided is based upon fact and not malice.

The signed release below authorizes you to provide us with information concerning the applicant's employment with you.

Sincerely,

Human Resources Department

RECORD INQUIRY WAIVER

"I hereby authorize any former employer, its employees and representative, or any person listed as a reference to provide all relevant information regarding my employment and job performance to the City of Brawley, and any of its employees, representatives, and agents. This information may be provided either verbally or in writing.

In addition to authorizing the release of all information regarding my employment which is relevant to an evaluation of my qualifications for employment, I hereby waive any rights or claims I have or may have, past, present, or future, known or unknown, against any former employer, its employees and representatives, or former educational institution from all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of such information by said person or party, whether or not such information is favorable or unfavorable to me. I also agree that a photographic copy of this waiver is as valid as the original."

Applicant's Signature: _____ **Date:** _____

Position Applied for: _____

Fire Department Facility Address: 815 Main Street, Brawley, CA. 92227-2552 FAX (760) 344-9478

Police Department Facility Address: 351 Main Street, Brawley, CA. 92227-2419 FAX (760) 351-1719

Public Works Department Address: 180 South Western Avenue, Brawley, CA. 92227-2235 FAX (760) 344-5612

Visit the City of Brawley Web Site at www.cityofbrawley.com



CITY OF BRAWLEY VOLUNTARY APPLICANT IDENTIFICATION FORM

Name: _____ Date: _____

Position Applied for: _____

To comply with statistical information on applicant flow patterns requested by the Federal Equal Employment Opportunity Commission (41 CFR 60-2.12), we would appreciate your voluntary cooperation in providing the following information. ***THIS INFORMATION IS NOT A PART OF THE SELECTION PROCESS*** since this form will be detached from your application and used for statistical reporting requirements only.

Age: ☐ Under 21 ☐ 21 to 44 ☐ 45 and over

Sex: ☐ Female ☐ Male **Physically Handicapped:** ☐ No ☐ Yes

RACE (Ethnicity):

- ☐ **White:** All persons having origins in any of the original peoples of Europe, North Africa, the Middle East, or the Indian Subcontinent.
- ☐ **Black:** All persons having origins in any of the Black racial groups (not of Hispanic origin).
- ☐ **Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ☐ **Asian or Pacific Islanders:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands.
- ☐ **American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America.